

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

Ā	For the 20	007 calendar year, or tax year beginning JAN 1, 2008 and ending AUG 31, 2	800	
_	Check if	C Name of organization		dentification number
	applicable	Please VESHIVAT CHOVEVEI TORAH RABBINICAL SCHOOL	,	
Г	Address change	Lighted or I	3-4	159739
〒	Name change	type Number and street (or P.O. box if mail is not delivered to street address) Room/suite F.Tele		number
Ē	Initial return	1 366 1	-	666-0036
F	Termin-	Instruc-	unting me	
Τ	ation Amended		Other (specify)	
F	Ireturn Applicati pending			
	pending	must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return form		
G	Wehsite:	► WWW.YCTORAH.ORG H(b) If "Yes," enter number of		
_		ion type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527 H(c) Are all affiliates include		N/A Yes No
_		if the aggregation is not a E00(a)(2) connecting aggregation and its group (If "No," attach a list.)		-
		re normally not more than \$25,000. A return is not required, but if the organization ganization covered by		
		o file a return, be sure to file a complete return.		N/A
				ition is not required to attach
L	Gross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 \(\) 1 , 657 , 279 . Sch. B (Form 990, 990)		
		Revenue, Expenses, and Changes in Net Assets or Fund Balances		······································
		Contributions, gifts, grants, and similar amounts received:		
	1	Contributions to donor advised funds		
	1 -	Direct public support (not included on line 1a) 1b 1,081,527.	1	
		Indirect public support (not included on line 1a) 1c		
		Government contributions (grants) (not included on line 1a) 1d	1	
	1	Total (add lines 1a through 1d) (cash \$ 1,081,527. noncash \$)	1 1e	1,081,527.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3	Membership dues and assessments	3	
_	1 .	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	37,733.
0 2003	6 a	Gross rents 6a		<u> </u>
(2)	b	Less; rental expenses 6b		
OS.	'	Net rental income or (loss). Subtract line 6b from line 6a	6c	
≘	7	Other investment income (describe)	7	
S. S	8 a	Gross amount from sales of assets other (A) Securities (B) Other		
		than inventory 8a		
	b b	Less: cost or other basis and sales expenses		
7] c	Gain or (loss) (attach schedule)] :	
Ĉ	S d	Net gain or (loss). Counting imp 8c, columns (A) and (B)	8d	
Ŏ	્રે 9	Special events and activities (attaches cheerle). If any amount is from gaming, check here		
	a	Gross revenue not including \$ O. of contributions reported on line 1b) 9a 538,019.		
	b	Less: deat experises other that the transfer of the state		
	С	Net income or (loss) from special events Sphract line 9b from line 9a SEE STATEMENT 1	9c	352,436.
	10 a	Gross sales of inventory less returns and allowances Less: rost of goods south 10h		
	b	Less: cost of goods sold 10b		
	С	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
	11	Other revenue (from Part VII, line 103)	11	
	12	Total revenue . Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,471,696.
U	13	Program services (from line 44, column (B))	13	1,616,118.
Expenses	14	Management and general (from line 44, column (C))	14	296,153.
Der	15	Fundraising (from line 44, column (D))	15	175,369.
Щ		Payments to affiliates (attach schedule)	16	
_	17	Total expenses. Add lines 16 and 44, column (A)	17	2,087,640.
9	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18_	-615,944.
Net	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,028,465.
- <		Other changes in net assets or fund balances (attach explanation)	20	0.
723	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	2,412,521.
12-	001 27-07 l	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions		Form 990 (2007)

Form **990** (2007)

			(0) 0	(0) 11	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Grants paid from donor advised funds					
(attach schedule)	_				
	<u>0</u> .				
If this amount includes foreign grants, check here	22a				
b Other grants and allocations (attach sched					
	9				
If this amount includes foreign grants, check here	<u>22b </u>				
Specific assistance to individuals (attach				ļ	
schedule)	23				
Benefits paid to or for members (attach	24				
schedule) a Compensation of current officers, directors, key	24				· · · · · ·
employees, etc. listed in Part V-A	25a	322,312.	201,163.	4,103.	117,046
b Compensation of former officers, directors, key	234	322,312.	201,103.	3,103.	117,040
employees, etc. listed in Part V-B	25b	0.	0.	0.	0
c Compensation and other distributions, not include	——			•	
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
Salaries and wages of employees not					
included on lines 25a, b, and c	26	456,843.	341,618.	112,684.	2,541
Pension plan contributions not included or					
lines 25a, b, and c	27				
Employee benefits not included on lines					
25a - 27	28	73,974.	51,781.	10,356.	11,837
Payroll taxes	29	45,663.	31,965.	7,290.	6,408
Professional fundraising fees	30				
Accounting fees	31	57,051.		57,051.	
Legal fees	32				
Supplies	33	58,269.	29,621.	28,648.	
Telephone	34				
Postage and shipping	35	15,651.	200.	15,382.	69
Occupancy	36	80,219.	68,750.	11,469.	
Equipment rental and maintenance	37	4 000	2 412	206	
Printing and publications	38	4,030.	2,418.	806.	806
Travel	39	37,593.	23,550.	10,392.	3,651
Conferences, conventions, and meetings	40	67,295.	66,334.	961.	
Interest	41	0 675		0 675	
Depreciation, depletion, etc (attach schedul	·	9,675.	-	9,675.	
Other expenses not covered above (itemize	·				
a	43a 43b	-			
b	43c				
c	43d				
d e	43e		_		
6 f	43f				
g SEE STATEMENT 2	43g	859,065.	798,718.	27,336.	33,011
Total functional expenses Add lines 22a through			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.,555.	
43g. (Organizations completing columns (B)-(D)					
carry these totals to lines 13-15)	' 44	2,087,640.	1,616,118.	296,153.	175,369
oint Costs. Check D If you are follow					

13-4159739

Page 3

Form 990 (2007) LTD.

Part III | Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization
How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the
return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> 3	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a YESHIVAT CHOVEVEI TORAH (YCT) RABBINICAL SCHOOL IS A FOUR YEAR FULL TIME PROGRAM. STUDENTS ARE OFFERED A CORE CURRICULUM OF TRADITIONAL JEWISH SUBJECTS AS WELL AS IMPORTANT CLASSES ON LEADERSHIP AND PASTORAL.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ b OUTREACH TO THE GENERAL COMMUNITY THROUGH LECTURES, COMMUNITY INVOLVEMENT AND EDUCATION	1,505,995.
(Grants and allocations \$) If this amount includes foreign grants, check here ► □ c MEOROT UNIVERSITY FELLOWSHIP - TO INSPIRE YOUNG MODERN ORTHODOX MEN AND WOMEN TO ENTER INTO PROFESSIONAL JEWISH RELIGIOUS LEADERSHIP.	94,596.
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	15,527.
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,616,118.

1	YESHIVAI CHOVEVEI	TORAH	RABBINICAL	SCHOOL	
Form 990 (2007)	LTD.				13-415973

	990 (2					13-4	4159739 Page 4
Pa	rt IV	Balance Sheets (See the instructions)		·			
Note		ere required, attached schedules and amounts wild be for end-of-year amounts only.	thin the	e description column	(A) Beginning of year		(B) End of year
	45	Cook was interest became	225 021	4.5	27 221		
	45 46	Cash - non-interest-bearing Savings and temporary cash investments			225,821.	45 46	37,221.
	40	Savings and temporary cash investments				40	
	47 a	Accounts receivable	47a				
	Б	Less allowance for doubtful accounts	47b			47c	
	-						
	48 a	Pledges receivable	48a	662,737.			
	ь	Less: allowance for doubtful accounts	48b		1,178,150.	48c	662,737.
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, d	rector	s, trustees, and			
		key employees		ļ		50a	
	b	Receivables from other disqualified persons (as					
Assets	F4 -	4958(f)(1)) and persons described in section 49	1	(B)		50b	
Ass		Other notes and loans receivable Less: allowance for doubtful accounts	51a 51b		34,758.	51c	
	52	Inventores for sale or use	310		<u> </u>	52	
	53	Prepaid expenses and deferred charges			19,383.		80,053.
	54 a	Investments - publicly-traded securities		► Cost FMV		54a	
	1	Investments - other securities		► Cost FMV		54b	
	55 a	Investments · land, buildings, and					
		equipment: basis	55a				
						:	
	1	Less accumulated depreciation	55b	IMA MENCENIA	1 600 564	55c	1 (56 215
	56		1	STATEMENT 4	1,620,764.	56	1,656,317.
	1	Land, buildings, and equipment basis Less accumulated depreciation STMT 5	57a 57b	84,529. 52,271.	39,957.	57c	32,258.
	58	Other assets, including program-related investments	3/0	32,2/10	33,331	376	32,230.
	30	(describe ► SECURITY DEPOSIT		١,	16,675.	58	20,833.
	59	Total assets (must equal line 74). Add lines 45	throug	n 58	3,135,508.		2,489,419.
	60	Accounts payable and accrued expenses			107,043.		76,898.
	61	Grants payable				61	
w	62	Deferred revenue				62	
Liabilities	63	Loans from officers, directors, trustees, and ke	y empl	oyees		63	
abil	1	a Tax-exempt bond liabilities				64a	
		Mortgages and other notes payable Other liabilities (describe		, l		64b	
	65	Other liabilities (describe		··································		65	
	66	Total liabilities. Add lines 60 through 65			107,043.	66	76,898.
		anizations that follow SFAS 117, check here	- X	and complete lines			707000
40		67 through 69 and lines 73 and 74		·			
ces	67	Unrestricted			2,227,312.	67	2,117,785.
alan	68	Temporarily restricted			801,153.	68	<u> 294,736.</u>
ä	69	Permanently restricted		, ,		69	
Fund Balances	Orga	anizations that do not follow SFAS 117, check	here	and and			
	70	complete lines 70 through 74.				_,	
Net Assets or	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and	001	ment fund		70	
Ass	72	Retained earnings, endowment, accumulated				72	
let,	73	Total net assets or fund balances. Add lines 67 thro				 ' 	
~	-	(Column (A) must equal line 19 and column (B) must	-	-	3,028,465.	73	2,412,521.
	74_	Total liabilities and net assets/fund balances			3,135,508		2,489,419.
							E 000 (0007)

_	m 990 (2007) LTD.			13-415	9739 F	age 5
P	Reconciliation of Revenue per Audited Finan	ncial Statements V	Vith Revenue p	er Return	(See the	
	Total revenue, gains, and other support per audited financial statemer			a	1,657,2	79.
b	Amounts included on line a but not on Part I, line 12					, <u>, , , , , , , , , , , , , , , , , , </u>
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2			
3			b3			
4	() // <u></u>	L EVENTS	b4 185,5	83.		
	Add lines b1 through b4			b	185,5	
C	Subtract line b from line a			C	<u>1,471,6</u>	96.
ď	Amounts included on Part I, line 12, but not on line a:		11			
1			d1			
2	Other (specify) Add lines d1 and d2		d2			Λ
e	Total revenue (Part I, line 12) Add lines c and d			▶ d e	1,471,6	$\frac{0}{96}$
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ncial Statements	With Expenses		rn	
a	Total expenses and losses per audited financial statements			a	2,273,2	23.
b	Amounts included on line a but not on Part I, line 17		l i			
1			b1			
2	,		b2			
3			b3			
4	(-,,,	L_EVENTS	b4 185,5		405 5	
_	Add lines b1 through b4			<u>.b</u>	185,5	
C	Subtract line b from line a			c	<u>2,087,6</u>	40.
d 1	Amounts included on Part I, line 17, but not on line a: Investment expenses not included on Part I, line 6b		امدا			
,	·		d1			
	()ther(enecity)		1 (12)	1 1		
2	Other (specify) Add lines d1 and d2		d2			Ο.
	Add lines d1 and d2		d2	d D e	2.087.6	0.
<u>e</u>	Add lines d1 and d2 Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke		ach person who wa	▶ e	2,087,6	40.
<u>e</u>	Add lines d1 and d2 Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated) (S (B) Title and average hour	each person who was	e s an officer, o	director, truste	40. ee,
<u>e</u>	Add lines d1 and d2 Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke		each person who was	▶ e	ns to (E) Exp	ense t and
<u>e</u>	Add lines d1 and d2 Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated) (S (B) Title and average hour per week devoted to	ach person who was see the instructions.) (C) Compensation (If not paid, enter	(D) Contribution employee being plans & defen	ns to (E) Exp	ense t and
Pa	Add lines d1 and d2 Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated) (S (B) Title and average hour per week devoted to	sach person who was see the instructions.) s (C) Compensation (If not paid, enter -0-)	e s an officer, of the state of	ns to (E) Exp effit accoun other allo	ense t and wances
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	1 990 (20				<u>13-4159</u>	<u>739</u>		age 6
	rt V-A	Current Officers, Directors, Trustees, and Ke			_		Yes	No
75 a		ne total number of officers, directors, and trustees permitted t	o vote on organization bu	siness at board				
	meeting	gs		▶	22			
b		officers, directors, trustees, or key employees listed in Form						
		i Schedule A, Part I, or highest compensated professional and A or II-B, related to each other through family or business relat						
		viduals and explains the relationship(s)	ilonariipa: ii rea, attacir	a statement that h	aci itilics	75b		x
		•	000 Dart V A. ar brahaat a					
·		officers, directors, trustees, or key employees listed in Form! Schedule A, Part I, or highest compensated professional and						[
	Part II-A	A or II-B, receive compensation from any other organizations,	whether tax exempt or tax		,			į
	_	ation? See the instructions for the definition of "related organ				75c		X
	-	attach a statement that includes the information described	in the instructions			l		
	rt V-B	ne organization have a written conflict of interest policy? Former Officers, Directors, Trustees, and Ke	v Employees That F	Peceived Com	neneation (75d	her	X
<u> </u>		Benefits (If any former officer, director, trustee, or key en						nna
		the year, list that person below and enter the amount of co		fits in the appropria	ite column Se	e the ir		
		(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions employee benefi		E) Expe	
		NONE	(b) Loans and Advances	enter -0-)	plans & deferred compensation pla			
	_ _				1			
						—		
	- -							
						-		
						+		—
						1		
	-					+		
						+		
						+		
Pa	rt VI	Other Information (See the instructions.)	<u>. </u>	1	<u> </u>		Yes	No
76	Did the	organization make a change in its activities or methods of co	enducting activities? If "Ye	s," attach a detaile	d			
	statem	ent of each change				76	<u> </u>	X
77		ny changes made in the organizing or governing documents l	out not reported to the IRS	5?		77	<u> </u>	X
		* attach a conformed copy of the changes.			•		'	
		organization have unrelated business gross income of \$1,00	U or more during the year	covered by this ref		78a	 	X
79		" has it filed a tax return on Form 990-T for this year? ere a liquidation, dissolution, termination, or substantial contr	action during the year? If	"Ves " attach a cto	N/A	78b 79		x
		organization related (other than by association with a statewid				13_	\vdash	1
		ership, governing bodies, trustees, officers, etc., to any other				80a		x
b		enter the name of the organization ► N/A			<u>.</u>			
			and check whether it is	exempt or	nonexempt			
81 a		rect and indirect political expenditures (See line 81 instruction	ons)	81a	0.			
<u>b</u>	Did the	organization file Form 1120-POL for this year?				81b	990	(2007)
						LOUI	・ション	(200/)

` <u>Fòrm</u>	990 (2007) LTD.	13-4159	739	Р	age 7
Pa	rt VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at	substantially			
	less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			[ļ
	amount as revenue in Part I or as an expense in Part II				ĺ
	(See instructions in Part III.)	N/A	ļ	'	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a_	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b	<u> </u>	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif				
	tax deductible?	N/A	84b	ļ	<u> </u>
	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		├─
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		—
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization re	ceived a	ļ		l
_	waiver for proxy tax owed for the prior year	NT / N	1		
C C	Dues, assessments, and similar amounts from members Section 162(a) lebburg and political expenditures	N/A N/A	┨		
d	Section 162(e) lobbying and political expenditures Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 856 85e	N/A N/A	1		İ
e f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Taxable amount of lobbying and political expenditures (line 85d less 85e) 85e 85f	N/A	1		
g g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g	1	
e h		M/A	008	 -	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	21/22			
	line 12	N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b	N/A	1		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a	N/A	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources		1		
	against amounts due or received from them)	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partr	nership,]		
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 770)1-3?			
	If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning	ng of	1		1
	section 512(b)(13)? If "Yes," complete Part XI	>	88b		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under:				
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶	0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?				
	If "Yes," attach a statement explaining each transaction		89b	<u> </u>	<u> </u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	0			i
	sections 4912, 4955, and 4958	0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		900		v
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transa All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89e 89f	\vdash	X
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting		091	 	_
y	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year'		89g		x
9N a	List the states with which a copy of this return is filed NY		039		
b		90b			33
91 a		▶ 212-66	6-0	036	
- · ·	Located at ► 475 RIVERSIDE DRIVE SUITE 244, NEW YORK, NY	ZIP + 4 ▶ 1			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority o			Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)		91b		х
	If "Yes," enter the name of the foreign country ▶ N/A				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts		<u> </u>	<u> </u>	<u> </u>
			Form	990	(2007)

YESHIVAT CHOVEVEI TORAH RABBINICAL SCHOOL Form 990 (2007) 13-4159739 Page 8 Part VI Other Information (continued) c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c If "Yes," enter the name of the foreign country N/A Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 Part VII | Analysis of Income-Producing Activities (See the instructions) Excluded by section 512, 513, or 514 Unrelated business income Note: Enter gross amounts unless otherwise (E) (C) (D) indicated. Related or exempt Business Amount Amount function income code 93 Program service revenue. Medicare/Medicaid payments g Fees and contracts from government agencies 94 Membership dues and assessments 95 Interest on savings and temporary cash investments 37,733. 14 Dividends and interest from securities 97 Net rental income or (loss) from real estate a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 01 352,436. 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue. a 390,169 104 Subtotal (add columns (B), (D), and (E)) 0 105 Total (add line 104, columns (B), (D), and (E)) 390.169 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Part VIII Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's Line No. exempt purposes (other than by providing funds for such purposes). Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions) (E) Name, address, and EIN of corporation, partnership, or disregarded entity Percentage of Nature of activities Total income End-of-vear

N/A % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X No. Yes

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

ownership interest

Form **990** (2007)

orm	990 (2007) LTD.		13-4159	<u> 3739 P</u>	age 9
Pa	rt XI Information Regarding Transfers To and From C		es. Complete only if the organiza	ation is a	
	controlling organization as defined in section 512(b)(13).	N/A			
				Yes	No
106	Did the reporting organization make any transfers to a controlled entity a	s defined in section	512(b)(13) of the Code? If "Yes,"		ļ
	complete the schedule below for each controlled entity.				L
ļ	(A)	(B) Employer	(C)	(D)	_
l	Name, address, of each controlled entity	Identification	Description of	Amount	
\dashv	Controlled entity	Number	transfer	transfer	
a					
-				 	
b			1		
\dashv					
C					
1					
	Totals				
	Totals			Yes	No
107	Did the reporting organization receive any transfers from a controlled en	tity as defined in sec	tion 512(b)(13) of the Code? If "		
	complete the schedule below for each controlled entity	my do domilod mi dod	Mion 612(5)(16) 61 the 6646. II	100,	
	(A)	(B)	(C)	(D)	
	Name, address, of each	(B) Employer	Description of	Amount 6	of
ŀ	controlled entity	Identification Number	transfer	transfer	r
Ì					
а					
b					
1					
C					
					_
	Totals				
				Yes	No
108	Did the organization have a binding written contract in effect on August 1	7, 2006, covering th	e interest, rents, royalties, and		
	annuities described in question 107 above? Under penavies of perjury, I deciare that I have examined this return, including accompanyi	ng schedules and statemer	ate and to the hest of my knowledge and he	elief it is true, cor	rect
	and complete Declaration of operare (other than officer) is based on all information of which	h preparer has any knowled	dge	, K 15 a a a , com	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Plea	se 🔭		7/	12/09	;
Sign	Signature of officer / //		Date		
Here	HILLEL JAFFE TR	EASURER			
	Type or print name and title	L'L'JYN C/			
	Preparer's N 1/2 7	Date /		or PTIN (See Gen	tnst X
Paid	signature / // / / / / / / / / / / / / / / / /	6/2/24/	self- employed ▶		
•	arer's Firm's name (or LAWRENCE B. GOODMAN & CO.		EIN >		_
Use (self-employed), 32-16 BROADWAY	, /	, En. ,		
	ZIP+4 FAIR LAWN, NEW JERSEY 074	10	Phone no. ▶ (201)	791-83	00
			, , , , , , , , , , , , , , , , , , , ,	Form 990	
					•

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the org	Employer identification number					
D-AL	LTD.				13 4159	
Part I	Compensation of the Five Highest Pa (See page 1 of the instructions. List each one. If there are			Officers, Dire	ctors, and T	rustees
(a) Name and address of each employee paid more than \$50,000	e none, en	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RABBI S	AUL BERMAN		TEACHER			
			25.00	86,052.		<u> </u>
		_				
Total averbas of	Tables and successful					
over \$50,000	f other employees paid		0			
Part II-A	Compensation of the Five Highest Pa	id Inde		rs for Profess	ional Servic	es
	(See page 2 of the instructions. List each one (whether if					
	(a) Name and address of each independent contractor paid	d more tha	an \$50.000	(b) Type of	service	(c) Compensation
	(4)			(0) . , , , , ,		
NONE						
NONE						.
						
Total number of	f others receiving over					
\$50,000 for pro	fessional services	•	0			
Part II-B	Compensation of the Five Highest Pa		•		ervices	_
	(List each contractor who performed services other than	-	•	ials or		
	firms. If there are none, enter "None." See page 2 of the i	nstruction	S.)			
	(a) Name and address of each independent contractor paid	d more tha	an \$50,000	(b) Type of	service	(c) Compensation
			_		_	
NONE						
		_				
					_	
-						
		-				
	f other contractors receiving over					
\$50,000 for oth	er services	<u> </u>	0			

<u>Sc</u>	hedule A (Form 990 or 990-EZ) 2007 LTD.	13-4159	<u> 739</u>	9 P	age 2
F	Part III Statements About Activities (See page 2 of the instructions.)		•	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38)	Port VI A or			
	line i of Part VI-B.)	Part VI-A, OI	,		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations		Ť		
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				İ
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contribution trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Ye attach a detailed statement explaining the transactions.)	such			
	a Sale, exchange, or leasing of property?		2a		X
	b Lending of money or other extension of credit?	<u> </u>	2b		X
	c Furnishing of goods, services, or facilities?		2c		<u>X</u>
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	 -	2d	_X_	
	e Transfer of any part of its income or assets?	<u> </u>	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how				
	the organization determines that recipients qualify to receive payments.) SEE STATEM	· —	3a	X	
	b Did the organization have a section 403(b) annuity plan for its employees?	<u> </u>	3b	X	\vdash
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,				
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<u> </u>	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<u> </u>	3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	l ,	.		
	b Did the organization make any taxable distributions under section 4966?	. —	4a 4b		X
	c Did the organization make a distribution to a donor, donor advisor, or related person?	· · . —	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year	M/A	PC	N/	Δ
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	_		N/	
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on	_		14/	
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	•			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	-			0.
	— — — — — — — — — — — — — — — — — — —				

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 LTD . 13-4159739 Page 3 Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.) I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 6 A school. Section 170(b)(1)(A)(II). (Also complete Part V.) 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). 8 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(w). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. 11a Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 11b 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: _ Type II Type III-Other Provide the following information about the supported organizations. (See page 8 of the instructions.) (b) (c) (e) Name(s) of supported organization(s) **Employer** Type of organization is the supported Amount of (described in lines organization listed in identification support number (EIN) 5 through 12 above the supporting or IRC section) organization's governing documents? Yes No Total 14 An organization organized and operated to test for public safety. Section 509(a)(4), (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

	rt IV-A Support Schedule (Co Note: You may use the	omplete only if you che	ecked a box on line 10), 11, or 12) Use cash	method of acco	ounting.	59739 Page N/A	_
	ndar year (or fiscal year					account		-
Degii 15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total	_
16	Membership fees received							_
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose							
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975							
19	Net income from unrelated business							
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		<u> </u>					_
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets							_
23	Total of lines 15 through 22	0.	0.	0.		0.	0	<u>•</u>
24	Line 23 minus line 17							_
25	Enter 1% of line 23	2 44 5 20 4					37/3	_
26 b	Organizations described on lines 10 Prepare a list for your records to sho		, ,,		nmental	26a	N/A	_
U	unit or publicly supported organizati		• •	,				
	Do not file this list with your return.	, ,	•		>	26b	N/A	
C	Total support for section 509(a)(1) t	est Enter line 24, column	(e)		•	26c	N/A	_
d	Add: Amounts from column (e) for li	ines: 18	19					_
		22	26b		▶	26d	N/A	_
е	Public support (line 26c minus line 2	26d total)			>	26e	N/A	_
<u>f</u>	Public support percentage (line 26				<u></u>	26f		<u>%</u>
27	Organizations described on line 12 records to show the name of, and to such amounts for each year:	tal amounts received in e	ach year from, each "disc	qualified person." Do not fi	le this list with yo	ur return. E		
	(2006)	(2005)	•	2004)	(200	•	h	
b	For any amount included in line 17 ti and amount received for each year, of described in lines 5 through 11b, as the larger amount described in (1) of	that was more than the la well as individuals.) Do n	rger of (1) the amount o ot file this list with your	n line 25 for the year or (2 return. After computing t) \$5,000. (Include he difference betw	ın the list o	rganizations	
	(2006)	(2005)	•	2004)	(200	3)		
C	Add: Amounts from column (e) for I	ines: 15 _		_ 16			4-	
				21		27c	N/A	_
d	Add: Line 27a total		d line 27b total			27d	N/A	—
e	Public support (line 27c total minus Total support for section 509(a)(2) t	·	23 column (a)	▶ 27f	N/A	27e	N/A	-
1	Public support percentage (line 27)				<u>,</u>	27g	N/A	%
¥ 1	Investment income percentage (lin	• • •			•	27h		<u>%</u>
	Unusual Grants: For an organization d show, for each year, the name of the co				through 2006, pre			_
	show, for each year, the name of the creturn. Do not include these grants in	ontributor, the date and a line 15.	mount of the grant, and a	a brief description of the n	ature of the grant.	Do not file	this list with your	

14

Schedule A (Form 990 or 990-EZ) 2007

723131 12-27-07

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 instrument, or in a resolution of its governing body? X 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 X 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 X If "Yes," please describe: if "No," please explain. (If you need more space, attach a separate statement.) SCHOOL PUBLICATIONS WHICH MAY BE INSPECTED ON THE SCHOOL'S PREMISES. Does the organization maintain the following: 32 a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a 32b X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c X d Copies of all material used by the organization or on its behalf to solicit contributions? X 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f X Athletic programs? 33g 33h X Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

Schedule A (Form 990 or 990-EZ) 2007

34a

34b

X

Х

34 a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

Has the organization's right to such aid ever been revoked or suspended?

`Sch	t· nedule A (Form 990 or 990-EZ)		OVEVEI TORAH	RABBINICA	AL SCHOOL	1 2	-4159739 Page 6
_	art VI-A Lobbying E	xpenditures by Election of the control of the contr	_	ies (See page 11 of	the instructions.)		N/A
Che	eck 🕨 a 🔲 if the organiza	tion belongs to an affiliated g	roup. Check	b if you che	cked "a" and "limited c	ontrof	provisions apply.
		mits on Lobbying E			(a) Affiliated group		(b) To be completed for all
_	(The tern	n "expenditures" means amou	unts paid or incurred.)		totals		electing organizations
					N/A		
36	Total lobbying expenditures to			36			
37	, , ,	•	(direct lobbying)	37			
38	Total lobbying expenditures (a	idd lines 36 and 37)		38	···		
39	Other exempt purpose expend			39			
40				40			
41	Lobbying nontaxable amount.		-				
	If the amount on line 40 is -	The lobbying	nontaxable amount is -				
	Not over \$500,000	20% of the amo					
	Over \$500,000 but not over \$1,000,		15% of the excess over \$500,000	l i			
	Over \$1,000,000 but not over \$1,50		10% of the excess over \$1,000,0				
	Over \$1,500,000 but not over \$17,0		5% of the excess over \$1,500,00	°			
40	Over \$17,000,000	\$1,000,000		40			
	Grassroots nontaxable amoun Subtract line 42 from line 36.	•	on line 2C	42			
43 44				43		_	
77	Subtract line 41 from line 30.	Litter -0- if little 41 is more this	an inic 30	1 44]			
	Caution: If there is an amo	unt on either line 43 or line	e 44. vou must file Form	4720.			
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period N/A							
Ca	lendar year (or	(a)	(b)	(c)	(d)	(e)	
	cal year beginning in)	2007	2006	2005	2004		Total
45	Lobbying nontaxable					•	
	amount						0.
46	Lobbying ceiling amount						
_	(150% of line 45(e))						0.
47	Total lobbying						
_	expenditures						0.
48	Grassroots nontaxable amount						0.
49	Grassroots ceiling amount			.			- 0.
75	(150% of line 48(e))						0.
50	Grassroots lobbying						
	expenditures						0.
P		Activity by Nonelect	_				
	(For reporting o	nly by organizations that did	not complete Part VI-A) (Se	e page 14 of the instri	uctions.)		N/A
	ring the year, did the organization	•	_	, including any attemp	t to Yes	No	Amount
	luence public opinion on a legis	lative matter or referendum, f	through the use of:			ļ <u>.</u>	
	Volunteers	oludo pomponestica ia a seri		uah h \			
b	Paid staff or management (Inc.	ciude compensation in expen	ises reported on lines c thro	ugii A.)			
c d	No. 1	ore or the nublic			<u> </u>		
	maninus io members, iculsial	013. UL HIE DUDIIC					i
e	B. I.						

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. 723151 12-27-07

Schedule A (Form 990 or 990-EZ) 2007

g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

i Total lobbying expenditures (Add lines c through h)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990	990 PAGE 2						990							
Asset	Description	Date Acquired	Method	Lıfe	C Line No No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL						_							
<u>. </u>	1 BOOK COLLECTION	05/30/05 SL		7.00	HY17	39,175.				39,175.	23,621.		3,731.	27,352.
	2 COMPUTERS	12/01/05	SL	5.00	1 тан	14,113.			•	14,113.	10,049.		1,896.	11,945.
	3 COMPUTERS	02/01/06	SL	5.00	HX1.7	9,607.				9,607.	4,995.		1,309.	6,304.
	4 TORAH SCROLL	02/01/07	SL	5.00	HY1 7	11,000.				11,000.	2,200.		1,467.	3,667.
·	5 TORAH MANTLE	03/12/07	SI	5.00	HYL 7	860.				860.	172.		114.	286.
	6 LAPTOPS	10/01/07	SL	5.00	HW17	7,798.	*			7,798.	1,559.	,	1,040.	2,599.
	7 COMPUTERS	01/08/08	SI	5.00	H&T 6 H	694.			347.	347.	-		92.	92.
	8 PROJECTOR	05/16/08	SL	7.00	HY190	542.			271.	271.			. 56.	26.
· .	9 COMPUTERS	08/26/08 SL		5.00	HX19B	741.			371.	370.			0	
 				•	· · ·	84,530.			989.	83,541.	42,596.		9,675.	52,271.
<u></u>	* GRAND TOTAL 990 PAGE 2 DEPR				·	84,530.	-		989.	83,541.	42,596.		9,675.	52,271.
				· · ·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
									 -					
_			_					•						
					7									

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	SPECIAL EVE	NTS AND ACTIV	TIES	ST	ATEMENT 1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
GALA DINNER	538,019.	•	538,019.	185,583.	352,436.
TO FM 990, PART I, LINE 9	538,019.		538,019.	185,583.	352,436.
FORM 990	ОТН	ER EXPENSES		ST	ATEMENT 2
	(A)	(B) PROGRAM	(C) MANAGEI	MENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GE	NERAL F	UNDRAISING
STIPENDS EDUCATIONAL RECRUITMENT ACADEMIC SPEAKERS COMMUNITY EDUCATION ORDINATION ALUMNI EDUCATION INSURANCE MOVING AND STORAGE MISCELLANEOUS ADVERTISING	310,065. 224,114. 43,311. 51,075. 94,595. 26,725. 14,971. 16,746. 2,720. 16,243. 58,500.	310,065 224,114 43,311 51,075 94,595 26,725 14,971 8,373	1	8,373. 2,720. 6,243.	33,011.
TOTAL TO FM 990, LN 43	859,065.	798,718	2'	7,336.	33,011.

EXPLANATION

YESHIVAT CHOVEVEI TORAH (YCT) RABBINICAL SCHOOL IS A FOUR YEAR FULL TIME PROGRAM. STUDENTS ARE OFFERED A CORE CURRICULUM OF TRADITIONAL JEWISH SUBJECTS AS WELL AS IMPORTANT CLASSES ON LEADERSHIP AND PASTORAL COUNSELING.

FORM 990	OTHER INVESTMENTS		STATEMENT 4
DESCRIPTION		VALUATION METHOD	AMOUNT
INVESTMENTS		COST	1,656,317.
TOTAL TO FORM 990, PART	IV, LINE 56, COLUMN B		1,656,317.
FORM 990 DEPRECIATIO	ON OF ASSETS NOT HELD FO	OR INVESTMENT	STATEMENT 5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BOOK COLLECTION COMPUTERS COMPUTERS TORAH SCROLL TORAH MANTLE LAPTOPS COMPUTERS PROJECTOR COMPUTERS	39,175. 14,113. 9,607. 11,000. 860. 7,798. 694. 542. 741.	11,945. 6,304. 3,667. 286. 2,599. 92. 26.	11,823. 2,168. 3,303. 7,333. 574. 5,199. 602. 516. 741.
TOTAL TO FORM 990, PART	IV, LN 57 84,530	52,271.	32,259

FORM 990

6

STATEMENT

	ES AND KEY EMPLOYEE			EMENT 0
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
DAVID LINZER 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	ROSH YESHIVA 40.00	52,897.	0.	0.
RABBI AVI WEISS 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	PRESIDENT 30.00	34,000.	0.	0.
HOWARD JONAS 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	CHAIR 1.00	0.	0.	0.
STEWART HARRIS 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	VICE CHAIR 1.00	0.	0.	0.
JACK SCHWARTZ 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	VICE CHAIR 1.00	0.	0.	0.
HILLEL JAFFE 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TREASURER 1.00	0.	0.	0.
ARI HAIT 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	SECRETARY 1.00	0.	0.	0.
RABBI YAMIN LEVY 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	VICE PRESIDENT	OF YESHIVA 117,046.	0.	0.
RABBI YSOSCHER KATZ 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	DIRECTOR OF BE	EIT MEDRASH 67,666.		0.
RABBI NATHANIEL HELFGOT 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	CHAIR BIBLE & 40.00	THOUGHT 46,600.	0.	0.
BENJAMIN BELFER 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.

PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,

YESHIVAT CHOVEVEI TORAH RABBINI	CAL SCHOOL		13-41	.59739
MICHAEL BRILL 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
NORMAN BULOW 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
TOVA BULOW 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115		0.	0.	0.
DR. CHARLES FELDMAN 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
ALAN GLOVER 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
DANIEL KATZ 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
STEVE LIEBERMAN 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
MARCEL LINDENBAUM 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
RABBI JOSHUA LOOKSTEIN 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
DANIEL PERLA 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
DR. HERSCHEL RASKAS 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
DR. RACHEL YEHUDA 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
HON. DR. DOV ZAKEIM 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.

YESHIVAT CHOVEVEL TORAH RABBINIC	CAL SCHOOL		13-41	59739
ALEXANDRA ZIZMOR 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
DR. JONATHAN ZIZMOR 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	TRUSTEE 0.50	0.	0.	0.
MATI FRIEDMAN 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115		F OPERATIONS 4,103.	0.	0.
TOTALS INCLUDED ON FORM 990, PART	r V-A	322,312.	0.	0.
SCHEDULE A EXPLANATION OF QUAI	LIFICATIONS T		S STATEMEN	<u>rr 7</u>

STUDENTS ARE GRANTED STIPENDS IF THEY MEET THE SCHOLASTIC REQUIREMENTS AND MAKE A COMMITMENT TO THE PROGRAM.

Depreciation and Amortization (Including Information on Listed Property)

990

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

Business or activity to which this form relates

Identifying number

YESHIVAT CHOVEVEI TO	ORAH RABBINI	CAL SCH		M 990 P	AGE 2		13-4159739
Part Election To Expense Certain	Property Under Section 1	79 Note: If you				V hefore v	
Maximum amount See the instru		· · · · · · · · · · · · · · · · · · ·	•	eu property, t	complete rait		125,000.
	_		11162262			1 2	123,000.
2 Total cost of section 179 propert3 Threshold cost of section 179 pr	• •	•					500,000.
•			^			3	300,000.
4 Reduction in limitation Subtract						4	
5 Dollar limitation for tax year Subtract line 4				ĭ	(c) Elected	5	
6 (a) Description	погрюнну		(b) Cost (busine	iss use uniy)	(0) 2100100	COSI	
			-				
				+			
				+			
					<u> </u>		
7 Listed property Enter the amour							
8 Total elected cost of section 179	, , ,	s in column (c),	lines 6 and	7		8	
9 Tentative deduction Enter the si						9_	
10 Carryover of disallowed deduction	•					10	
11 Business income limitation Ente	r the smaller of business	s income (not le	ess than zer	o) or line 5		11_	
12 Section 179 expense deduction	Add lines 9 and 10, but	t do not enter n	nore than lin	ie 11		12	
13 Carryover of disallowed deduction				▶ 13			
Note: Do not use Part II or Part III be	low for listed property l	nstead, use Pa	rt V.				
Part II Special Depreciation	Allowance and Other D	epreciation (D	o not includ	de listed prop	erty)		
14 Special depreciation allowance f	or qualified property (oth	her than listed	oroperty) pla	aced in servic	e during		
the tax year						14	
15 Property subject to section 168(f)(1) election					15	
16 Other depreciation (including AC	RS)					16	
Part III MACRS Depreciation	(Do not include listed pi	roperty.) (See ıı	nstructions.				
		Sect	ion A				
17 MACRS deductions for assets p	laced in service in tax ye	ears beginning	before 2007	,		17	9,557.
17 MACRS deductions for assets p18 If you are electing to group any assets place	<u> </u>				▶□		9,557.
18 If you are electing to group any assets place	<u> </u>	into one or more ge	neral asset acco	ounts, check here	► □		
18 If you are electing to group any assets place Section B - A	ed in service during the tax year Assets Placed in Service (b) Month and	into one or more ge ce During 2007 (c) Basis for de	neral asset according to the control of the control	ounts, check here Jsing the Ger		ation Syst	em
18 If you are electing to group any assets place	ed in service during the tax year Assets Placed in Service	e During 2007	real asset according to the control of the control	ounts, check here	neral Depreci	ation Syst	
18 If you are electing to group any assets place Section 8 - A	Assets Placed in Service (b) Month and year placed	ce During 2007 (c) Basis for de (business/inve	real asset according to the control of the control	Jsing the Ger (d) Recovery		ation Syst	em
Section B - A (a) Classification of property 19a 3-year property	Assets Placed in Service (b) Month and year placed	ce During 2007 (c) Basis for de (business/inve	real asset according to the control of the control	Jsing the Gel (d) Recovery period	(e) Convention	ation Syst	em (g) Depreciation deduction
Section B - A (a) Classification of property 19a 3-year property b 5-year property	Assets Placed in Service (b) Month and year placed	ce During 2007 (c) Basis for de (business/inve	representation structions)	Jsing the Get (d) Recovery period	(e) Convention	ation System (f) Method	em (g) Depreciation deduction
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property	Assets Placed in Service (b) Month and year placed	ce During 2007 (c) Basis for de (business/inve	real asset according to the control of the control	Jsing the Gel (d) Recovery period	(e) Convention	ation Syst	em (g) Depreciation deduction
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property	Assets Placed in Service (b) Month and year placed	ce During 2007 (c) Basis for de (business/inve	representation structions)	Jsing the Get (d) Recovery period	(e) Convention	ation System (f) Method	em (g) Depreciation deduction
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Assets Placed in Service (b) Month and year placed	ce During 2007 (c) Basis for de (business/inve	representation structions)	Jsing the Get (d) Recovery period	(e) Convention	ation System (f) Method	em (g) Depreciation deduction
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	Assets Placed in Service (b) Month and year placed	ce During 2007 (c) Basis for de (business/inve	representation structions)	Jsing the Ger (d) Recovery period 5 YRS.	(e) Convention	ation Syst	em (g) Depreciation deduction
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Assets Placed in Service (b) Month and year placed in service	ce During 2007 (c) Basis for de (business/inve	Tax Year to preciation stment use tructions)	Jsing the Ger (d) Recovery period 5 YRS. 7 YRS.	(e) Convention HY HY	ation System (f) Method SL SL	em (g) Depreciation deduction
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	ed in service during the tax year Assets Placed in Service (b) Month and year placed in service	ce During 2007 (c) Basis for de (business/inve	Tax Year to preciation stment use tructions)	Jsing the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs	(e) Convention HY HY MM	ation System (f) Method SL SL S/L S/L	em (g) Depreciation deduction
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	Assets Placed in Service (b) Month and year placed in service	ce During 2007 (c) Basis for de (business/inve	Tax Year to preciation stment use tructions)	Jsing the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs. 27 5 yrs.	(e) Convention HY HY MM MM	ation System (f) Method SL SL S/L S/L S/L S/L	em (g) Depreciation deduction
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	ed in service during the tax year Assets Placed in Service (b) Month and year placed in service	ce During 2007 (c) Basis for de (business/inve	Tax Year to preciation stment use tructions)	Jsing the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs	(e) Convention HY HY MM MM	ation System (f) Method SL SL S/L S/L S/L S/L S/L	em (g) Depreciation deduction
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	ed in service during the tax year Assets Placed in Service (b) Month and year placed in service / / / / / /	ento one or more ge ce During 2007 (c) Basis for de (business/inve only - see ins	neral asset according to the control of the control	Jsing the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs	(e) Convention HY HY MM MM MM	ation System (f) Method SL SL S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 92. 26.
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - As	ed in service during the tax year Assets Placed in Service (b) Month and year placed in service	ento one or more ge ce During 2007 (c) Basis for de (business/inve only - see ins	neral asset according to the control of the control	Jsing the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs	(e) Convention HY HY MM MM MM	stion System (f) Method SL SL S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 92. 26.
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - As 20a Class life	ed in service during the tax year Assets Placed in Service (b) Month and year placed in service / / / / / /	ento one or more ge ce During 2007 (c) Basis for de (business/inve only - see ins	neral asset according to the control of the control	Sund the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs.	(e) Convention HY HY MM MM MM	ation System (f) Method SL SL S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 92. 26.
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - As 20a Class life b 12-year	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service / / / / ssets Placed in Service	ento one or more ge ce During 2007 (c) Basis for de (business/inve only - see ins	neral asset according to the control of the control	Jsing the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs sing the Alter 12 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	ation System (f) Method SL SL S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 92. 26.
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - As 20a Class life b 12-year c 40-year	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service / / / ssets Placed in Service	ento one or more ge ce During 2007 (c) Basis for de (business/inve only - see ins	neral asset according to the control of the control	Sund the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs.	(e) Convention HY HY MM MM MM	ation System (f) Method SL SL S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 92. 26.
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - As 20a Class life b 12-year c 40-year Part IV Summary (see instruct	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service / / / ssets Placed in Service / ions)	ento one or more ge ce During 2007 (c) Basis for de (business/inve only - see ins	neral asset according to the control of the control	Jsing the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs sing the Alter 12 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	ation System (f) Method SL SL S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 92. 26.
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - As 20a Class life b 12-year c 40-year Part IV Summary (see instruct 21 Listed property Enter amount for	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service / / / / ssets Placed in Service / cons) com line 28	ce During 2007	neral asset according to the state of the st	Jsing the Ger (d) Recovery period 5 YRS. 7 YRS. 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs sing the Alter 12 yrs. 40 yrs	MM MM MM MM MM MM MM MM MM MM MM MM MM	ation System (f) Method SL SL S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 92. 26.
Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property h Residential rental property i Nonresidential real property Section C - As 20a Class life b 12-year c 40-year Part IV Summary (see instruct 21 Listed property Enter amount fr 22 Total. Add amounts from line 12	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // ssets Placed in Service // combine 28 2, lines 14 through 17, lines	ce During 2007 (c) Basis for de (business/inve only - see ins During 2007	neral asset according to the structions of the structions of the structions of the structions of the structions of the structions of the structions of the structions of the structions of the structions of the structions of the structions of the structions of the struction of th	25 yrs. 27 5 yrs. 27 5 yrs. 27 5 yrs. 27 5 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	ation System (f) Method SL SL S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 92. 26.
18 If you are electing to group any assets place Section B - A (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - As 20a Class life b 12-year c 40-year Part IV Summary (see instruct 21 Listed property Enter amount fr 22 Total. Add amounts from line 12 Enter here and on the appropria	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // ssets Placed in Service // // ssets Placed in Service // clons) com line 28 2, lines 14 through 17, line te lines of your return P	ce During 2007 (c) Basis for de (business/inve only - see ins During 2007 During 2007	rax Year Use	25 yrs. 27 5 yrs. 27 5 yrs. 27 5 yrs. 27 5 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	ation System (f) Method SL SL S/L S/L S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 92. 26.
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Part V Listed Proper recreation, or a			ertaın oth	ner vehic	des, celli	ular tele	phone	s, certain	compute	rs, and	property	used fo	or enterta	ınment,
Note: For any	ehicle for w	hich you are i	ising the	standar	d mileag	e rate oi	r dedu	cting lease	expens	e, comp	lete only	y 24a, 24	4b, colum	ıns (a)
through (c) of Section A - Depreciation a							mits fo	r nassenn	er autom	obiles)		-		
24a Do you have evidence to s						es [┪	24b If "Y				en2] Yes [□ No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c)	se o	(d) Cost or ther basis	Bas	(e) is for depressiness/inve	eciation stment	(f) Recovery period	(9	;) nod/	(h Depred	n)	(i) Elector section	ted 1 179
25 Special depreciation all	owance for c	<u> </u>		/ placed	ın servic	<u>-</u>	·	ax year an	.d					
used more than 50% in	a qualified b	ousiness use								25				
26 Property used more tha	n 50% ın a c	qualified busir	ess use										_	
			%											
	<u> </u>		%						<u> </u>					
<u>-</u>	<u></u>		%			_		<u> </u>						
27 Property used 50% or l	ess in a qual	lified business	use					,						
			%						S/L·					
	ļ		%						S/L·		<u> </u>			
	L		%					<u> </u>	S/L -		<u> </u>			
28 Add amounts in column	(h), lines 25	through 27	Enter her	e and or	n line 21,	, page 1				28	<u> </u>			
29 Add amounts in column	ı (î), lıne 26 E											29		
			Section											
Complete this section for ve														
If you provided vehicles to those vehicles.	our employe	ees, first ansv	ver the qu	uestions	ın Secti	on C to	see if	you meet	an excep	otion to	completi	ing this :	section fo	ır
triose venicies.			1 .		_									
			1 '	a) buda		b) biolo	١,	(c)	1 .	d)		e)	(f	
30 Total business/investment	miles driven o	during the	Vei	hicle	vei	hicle	<u> </u>	/ehicle	ver	ncle	Vei	ncle	Veh	cie
year (do not include com	muting miles)						ļ		ļ		<u> </u>			
31 Total commuting miles	driven during	g the year									<u> </u>			
32 Total other personal (no	ncommutino	g) miles												
drıven			<u> </u>		ļ				.		<u> </u>			
33 Total miles driven durin			1											
Add lines 30 through 32				1			ļ		ļ			ı		
34 Was the vehicle availab	le for persor	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?				<u> </u>	<u> </u>	1	┼	-	<u> </u>	<u> </u>	├──	 	 	
35 Was the vehicle used p		more				1		1		1				
than 5% owner or relat	•		-	1	-	├	 	+		<u> </u>	 	<u> </u>		
36 Is another vehicle availa	able for pers	onal		1	١,	·						ļ		
use?			! _	<u> </u>	<u> </u>		<u> </u>			<u> </u>				
A		- Questions	-	-					-					50 /
Answer these questions to	determine if	you meet an	exceptio	n to com	ipleting :	Section	B for v	enicies us	sea by er	npioyee	s wno a	re not n	nore tnan	5%
owners or related persons.				all aaraa		of wahra	loo .m.	duding on		bulle			Vac	No
37 Do you maintain a writt	en policy sta	ttement that p	ronibits	ali perso	nai use i	or veriic	ies, inc	auding co	mmuung	, by you	.I		Yes	No
employees? 38 Do you maintain a writt	on naliav eta	stomont that r	robibite	nornona	Luco of s	objeles	0.4001	ot commu	tina by	(O) IF				
employees? See the in:		•					•			roui				
39 Do you treat all use of \				•	ilicers, c	inectors	i, Ul 17	o oi more	OWITEIS					+
40 Do you provide more th	•		•		ınforma	tion from	n vour	employee	e about					1
the use of the vehicles.		•		•	IIIOIIIa		ii youi	ciripioyee	3 about					
41 Do you meet the requir					monetra	ation ile	۰2							
Note: If your answer to		• .						covered v	ahiclas					
Part VI Amortization	<i>57</i> , 00, 00, -	10,014113 1	es, uon	Ot COMP	nete occ	HON B I	or trie	COVERCE V	ornoica -			-		
			(b)		(c)			(d)		(e)			(f)	
(a) Description	of costs	Da	te amortization	ı.l	Amortizat			Code section		Amortiza period or per	tton		mortization or this year	
42 Amortization of costs the		urina volir 20	<u>begins</u> 07 tax ve	ar	amoun			Section	1	ושנן וני טטויטע	oon eagle		on this year	
TE				1					- I					
	 .		• • • • •		· · ·									
43 Amortization of costs ti	nat began be	efore your 200	7 tax ve	ar							43			
44 Total Add amounts in	-	-	-		o report						aa			

Form **4562-FY** (2007)